

# UDOH Tuberculosis Control Program Contact Investigation Record

Case Name \_\_\_\_\_ County \_\_\_\_\_ PHN \_\_\_\_\_ Date case reported \_\_\_\_\_ Date CI started \_\_\_\_\_

Disease Site: P / EP / Both Smear: + / - / not done Culture: + / - / not done Infectious period from \_\_\_\_\_ to \_\_\_\_\_

Contact	Exposure Site	HIV/ IC (Y/N)	Contact Type*	Date Last Infectious Exposure	PPD Results		X-Ray		Dx	Tx Start Date	Tx Stop Date	Finish Tx/ Reason Not Finished‡
					Initial	Retest	Date	Results				
Name DOB Relationship Address/Phone#	Home Work School Other		HP MP LP NC		Date  mm	Date  mm			LTBI  ATBD			Yes  No: _____
Name DOB Relationship Address/Phone#	Home Work School Other		HP MP LP NC		Date  mm	Date  mm			LTBI  ATBD			Yes  No: _____
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Name DOB Relationship Address/Phone#	Home Work School Other		HP MP LP NC		Date  mm	Date  mm			LTBI  ATBD			Yes  No: _____
Name DOB Relationship Address/Phone#	Home Work School Other		HP MP LP NC		Date  mm	Date  mm			LTBI  ATBD			Yes  No: _____

**\* CONTACT TYPE**

**HP**=high priority contacts are household contacts, contacts <4 yrs, contacts with medical risk (including HIV infection), contacts in congregate setting, or contacts with prolonged exposure  
**MP**=medium priority contacts are contacts 5-15 yrs or contacts with medium exposure to index case  
**LP**=low priority contacts are all other contacts  
**NC**=a person who probably did not share air with the index case but requests inclusion in the CI.

**‡ REASONS FOR NON-COMPLETION OF LTBI TX:**

**1** - Death                      **4** - Adverse Effect of Medicine  
**2** - Contact Moved        **5** - Contact Chose to Stop  
**3** - ATBD Developed       **6** - Contact Lost to Follow-up  
**7** - Provider Decision